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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/573,719		Filing Date 27 March, 2006		<input type="checkbox"/> To be Mailed					
				Applicant(s) JOSI, ROSENFELD						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED 12/26/2007		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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14	1						64						
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50							100						
Total Indep	2						Total Indep						
Total Depend		15					Total Depend						
Total Claims		17					Total Claims						

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